

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. **JA340766**

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION			INCIDENT INFORMATION		
NAME (LAST - FIRST - M.I.) KRAVITZ, SCOTT D			<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR		
STAR NO. 1046	POSITION SERGEANT OF POLICE		ADDRESS OF OCCURRENCE 5055 W WOLFRAM ST		
DATE OF APPOINTMENT 28-AUG-2006	EMPLOYEE NO. [REDACTED]		CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago)	
UNIT OF ASSIGNMENT 025	BEAT/CALL NO. 2562		LOCATION CODE 291-RESIDENTIAL YARD (FRONT/BAC	BEAT OF OCCURRENCE 2521	
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE	DOB [REDACTED]	DATE OF OCCURRENCE 09-JUL-2017	TIME 11:35:00	DAY OF WEEK SUNDAY
HEIGHT 510	WEIGHT 215		NO. OF OFFICERS BATTERED <u>7</u>		
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED			WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO		
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER			WORKING: <input checked="" type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____		
TYPE OF ACTIVITY			MANNER OF ATTACK		
<input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input checked="" type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input checked="" type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input type="checkbox"/> K. OTHER			<input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)		
TYPE OF INJURY TO OFFICER			TYPE OF WEAPON/THREAT		
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE			(Check all that apply): <input checked="" type="checkbox"/> A. FIREARM CALIBER UNKNOWN <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____ <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT		
LIGHTING CONDITIONS AT INCIDENT			FIREARM USE INFORMATION (Check all that apply):		
<input checked="" type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> F. POOR <input type="checkbox"/> G. GOOD			<input checked="" type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON		
WEATHER CONDITIONS			OFFENDER INFORMATION		
<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND			SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F RACE <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> HISPANIC DOB 17-APR-1993		
APPROXIMATE OUTDOOR TEMPERATURE: 80 °F			CB NO. 00000000 IR NO.		
WAS THE OFFENDER'S ACTIVITY: DRUG RELATED?			GANG RELATED?		
<input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN			<input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN		
NO. OF OFFENDERS PRESENT? <u>1</u>					

LOG# **1095976**
Attachment **44**

Offender ran towards R/S while pointing a firearm at same.

REPORTING MEMBER - SIGNATURE
KRAVITZ, SCOTT D

STAR NO.
1046

WATCH COMMANDER / UNIT COMMANDING OFFICER - SIGNATURE STAR NO.
WILLIAMS, TERENCE V 59